August 3, 1999

The Honorable Jane Henney, M.D., Commissioner
U.S. Food and Drug Administration
5600 Fishers Lane
Rockville, MD 20857

1992 '99 AUG 11 P2:16

Dear Commissioner Henney:

The undersigned support the petition filed by the Center for Science in the Public Interest (CSPI) asking the Food and Drug Administration to require "Nutrition Facts" labels to disclose the quantity of *added* sugars present in packaged foods and to set a Daily Reference Value (called a Daily Value on labels) for refined sugars added to foods.[1]

When the FDA in 1993 issued the current nutrition-labeling regulations, it failed to require disclosure of added sugars and did not establish a Daily Value for added sugars, in part because no health authorities had issued quantitative recommendations on added-sugars intake. However, in 1996, the U.S. Department of Agriculture's "Food Guide Pyramid" recommended that Americans should limit their daily intake of added sugars to about ten teaspoons (40g) for a 2,000-calorie healthful diet (the less healthful the diet, the less room there is for added sugars). We urge the FDA to adopt USDA's recommendation as the Daily Value for added sugars. Without a %DV for added sugars, consumers could not compare the added-sugars content of a food to recommended daily intakes.

The FDA also said it could not determine by chemical analysis the added-sugars content of foods. However, chemists can determine the amount of added sugars in many foods; for other foods, the FDA could obtain information from the producers.

The FDA's 1993 labeling decision concerning sugars was based in part on the agency's 1986 literature review, which, in turn, was based in part on 1977-78 consumption data.[2] Since then, new information about sugars consumption and the health consequences of consuming excessive levels of added sugars necessitates a revision of the 1993 policy. For example:

**1. Consumption of added sugars is soaring.** According to data published by FDA and USDA data, since 1977-78 the contribution of calories from added sugars to the American diet jumped from 11 percent to 16 percent.[3] In 1996, the *average* teenager got 20 percent of his or her calories from the added sugars in soft drinks, cakes, cookies, and other foods. That's about 34 teaspoons for boys and 24 teaspoons for girls.

**2. Added sugars squeeze nutrients and more healthful foods out of the diet.** New USDA data indicate that people who consume diets high in added sugars consume lower levels of protein; fiber; vitamins A, E, C, B-2, B-3, B-6, B-12, and folate; calcium; iron; zinc; and magnesium. They also consume fewer servings of grains, fruits, vegetables, meats, and dairy products than people who consume less added sugars.[4] A healthful diet -- including fruits, vegetables, whole grains, and low-fat dairy products -- appears to lower the risk of cancer, heart disease, stroke, and osteoporosis. Yet a recent study by the National Cancer Institute found that only two percent of 2- to 19-year-olds met all of five federal recommendations for a healthy diet.[5]

99P-2630 C1 CP520

**3. Added sugars may contribute to obesity.** Increasing consumption of foods high in added sugars may be contributing to the nation's epidemic of obesity because they are often calorie-dense. A recent review of clinical studies suggests that diets rich in calorie-dense foods promote obesity.[6] It states "...when the fat content was controlled but the energy density varied, subjects ate a constant weight of food; therefore, the greater the energy density, the greater was the energy intake." Calorie-dense foods are typically high in fat and/or added sugars. For example, a Pepperidge Farm Black Forest Cake has 27 grams of sugar and a caloric density of 3.6 (290 calories per 2.9 oz.); a Cinnabon contains 49 grams of sugar and has a caloric density of 3.2 (670 calories per 7.5 ounces); an order of Burger King Cini-Minis with icing has 38 grams of sugar and a caloric density of 4.0 (530 calories per 4.7 ounces). Furthermore, soft drinks are the largest and fastest-growing source of added sugars in the average American's diet. New studies suggest that overweight children consume more soft drinks than their normal-weight counterparts and that people are less likely to compensate for excess calories consumed as liquid foods.[7,8] An analysis of 1994 CSFII data found that school-age children who consumed non-diet soft drinks ingested more calories than children who did not consume soft drinks.

**4. Added sugars may contribute to heart disease.** Added sugars appear to raise triglyceride levels more than other carbohydrates, especially among people who are insulin-resistant.[9] Elevated triglycerides may increase the risk of heart disease.

For those and other reasons, we urge the FDA to improve food labeling -- and the public's health -- by requiring disclosure of added sugars. While the naturally occurring sugars in fruit and dairy products may be chemically identical to added sugars, low-fat varieties of those foods clearly help prevent cancer, heart disease, stroke, osteoporosis and other diseases. In contrast, soft drinks, baked goods, candy, and other sources of added sugars may increase the risk of disease either by adding sugars to the diet or by displacing more nutritious foods from the diet.

It is vital that the FDA give consumers the information they need to reduce their intake of added sugars. Without added-sugars labeling, it is very difficult for consumers to know how much of those sugars has been added to yogurt, ice cream, puddings, frozen fruit bars, sorbet, canned or frozen fruit, fruit snacks, juice drinks, jams, breakfast cereals, cereal bars, muffins, cookies, and a host of other foods. Many of those products are marketed with claims like "made with real fruit," but they contain far more nutrient-devoid added sugars than nutrient-rich fruit.

Furthermore, the FDA should define claims such as "low in added sugars" and limit the added sugars in foods that make health claims or are labeled "healthy." The FDA currently limits other nutrients -- fat, saturated fat, cholesterol, and sodium -- in foods that make those claims.

Thank you for your prompt attention to this important public health matter. (Please respond to the cosigners by writing to the Center for Science in the Public Interest.)

Sincerely,

**Individuals**

Barbara Abrams, DrPH, RD
Associate Professor
School of Public Health
University of California, Berkeley
Berkeley, CA

George L. Blackburn, MD, PhD
Associate Professor in Nutrition Medicine
Harvard Medical School
Boston, MA

Gladys Block, PhD
Professor of Epidemiology,
Director, Public Health Nutrition Program
University of California, Berkeley
Berkeley, CA

Kelly D. Brownell, PhD
Professor of Psychology, Epidemiology, and Public Health
Yale University
New Haven, CT

Brian A. Burt, BDS, MPH, PhD
Professor of Epidemiology
University of Michigan School of Public Health
Ann Arbor, MI

William E. Connor, MD
Department of Medicine
Oregon Health Sciences University
Portland, OR

Isobel R. Contento, PhD
Professor and Coordinator
Program in Nutrition and Education
Teachers College, Columbia University
New York, NY

Caldwell B. Esselstyn, Jr., MD
Associate Professor, Department of Surgery
Cleveland Clinic
Cleveland, OH

William J. Evans, PhD
Professor of Geriatrics, Nutrition, and Physiology
University of Arkansas for Medical Sciences
North Little Rock, AR

Rose E. Frisch, PhD
Associate Professor of Population Sciences Emerita
Harvard School of Public Health
Cambridge, MA

Christopher Gardner, PhD
Research Associate
Stanford University School of Medicine
Palo Alto, CA

Edward Giovannucci, DSc, MD
Assistant Professor of Medicine
Harvard Medical School
Boston, MA

Joan Dye Gussow, EdD
M. S. Rose Professor Emeritus
Teachers College, Columbia University
New York, NY

Lisa Harnack, DrPH
Assistant Professor, Division of Epidemiology
University of Minnesota
Minneapolis, MN

Stephen Havas, MD, MPH, MS
Professor, Department of Epidemiology and Preventive Medicine and Department of Medicine
University of Maryland School of Medicine
Baltimore, MD

Jerianne Heimendinger, ScD, MPH, RD
Research Scientist
Department of Behavioral Research
AMC Cancer Research Center
Denver, CO

Amid I. Ismail, DDS
Professor, Cariology, Restorative Sciences, and Endodontics
University of Michigan

Norman M. Kaplan, MD
Professor of Internal Medicine
University of Texas Southwestern Medical Center
Dallas, TX

David L. Katz, MD, MPH
Director, Yale-Griffin Prevention Research Center
Griffin Hospital
Derby, CT

William T. Kniker, MD
Clinical Professor of Pediatrics and Internal Medicine
University of Texas Health Science Center
San Antonio, TX

Georgia Kostas, MPH, RD, LD
Director of Nutrition
Cooper Clinic
Dallas, TX

JoAnn E. Manson, MD, DrPH
Co-Director of Women's Health, Division of Preventive Medicine
Brigham and Women's Hospital/Harvard Medical School
Boston, MA

Sheldon Margen, MD
Professor of Public Health, Emeritus
University of California, Berkeley
Berkeley, CA

Michael Miller, MD, FACC
Associate Professor of Medicine
Director for Preventive Cardiology
University of Maryland Hospital
Baltimore, MD

Barbara J. Moore, PhD
President and CEO
Shape Up America!
Bethesda, MD

Marion Nestle, PhD
Professor and Chair
Department of Nutrition and Food Studies
New York University
New York, NY

Steven Parker, MD
Director, Division of Behavioral Pediatrics
Boston Medical Center
Boston, MA

Hilary A. Perr, MD
Assistant Professor
Department of Pediatric Gastroenterology, Hepatology, and Nutrition
University of California
San Francisco, CA

Eric B. Rimm, ScD
Associate Professor of Epidemiology and Nutrition
Harvard School of Public Health
Boston, MA

Frank Sacks, MD
Associate Professor of Medicine, Harvard Medical School; Associate Professor in the Department of Nutrition, Harvard School of Public Health
Boston, MA

Laura S. Sims, PhD, MPH, RD
Professor of Human Nutrition
University of Maryland
College Park, MD

Mary Story, PhD
Professor, Division of Epidemiology
University of Minnesota
Minneapolis, MN

Patience H. White, MD
Chair, Bone Health Clinic
Chair, Pediatric Rheumatology
Childrens National Medical Center
Washington, DC

**Organizations**

American Association for Health Education

American Association of Family & Consumer Sciences

American Chiropractic Association Council on Nutrition

American Chiropractic Board of Nutrition

American College of Preventive Medicine

American Medical Student Association

American Public Health Association

American Society of Bariatric Physicians

Association of Schools of Public Health

Association of State and Territorial Chronic Disease Program Directors

Association of State and Territorial Nutrition Directors

Cancer Research Foundation of America

Center for Communications, Health and the Environment

Child Health Foundation

The Children's Foundation

Citizens for Public Action on Blood Pressure and Cholesterol

Consumer Federation of America

Cornell University Medical College Nutrition Information Center

Girl Scouts of the USA

Harlem Consumer Education Council

International SPA Association

Meals on Wheels Association of America

National Association of School Nurses

National Association of WIC Directors

National Black Nurses Association

National Black Women's Health Project, Inc.

National Consumers League

National Council of Senior Citizens

National Education Association's Health

Information Network

National Student Nurses Association

National Women's Health Network

Oldways Preservation and Exchange Trust

Pacific Health Education Center

People's Medical Society

Produce for Better Health Foundation

Produce Marketing Association

Shape Up America!

Texas Dept. of Health, Bureau for Disease and Injury Prevention, Chronic Disease Community and Worksite Wellness Program

YMCA of the USA

*Endnotes*

1. DHHS and USDA noted in "Dietary Guidelines for Americans" (p. 34) that added sugars include brown sugar, corn sweetener, corn syrup, fructose, fruit juice concentrate, glucose (dextrose), high-fructose corn syrup, honey, invert sugar, lactose, maltose, molasses, raw sugar, [table] sugar (sucrose), and syrup. "Added sugars" does not include sugars that occur naturally in foods such as fruit and milk.

2. Glinsmann WH, Irausquin H, Park YK. "Evaluation of health aspects of sugars contained in carbohydrate sweeteners." *J Nutr.* 1998;116(11S):S1-S216

3. Glinsmann WH, Irausquin H, Park YK. "Evaluation of health aspects of sugars contained in carbohydrate sweeteners." *J Nutr.* 1998;116(11S):S1-S216. USDA, Agricultural Research Service. 1997. Pyramid Servings Data: Results from USDA's 1995 and 1996 Continuing Survey of Food Intakes by Individuals, [Online]. ARS Food Surveys Research Group. Available (under "Releases") <http://www.barc.usda.gov/bhnrc/foodsurvey/home.htm> (visited Oct. 7, 1998).

4. Testimony by Rachel Johnson, Dietary Guidelines Advisory Committee Meeting, Washington, D.C., March 9, 1999, p. 364.

5. Munoz KA, Krebs-Smith SM, Ballard-Barbash R, et al. "Food intakes of U.S. children and adolescents compared with recommendations." *Pediatrics.* 1997;100:323-9. 1998;101:952-3.

6. S.B. Roberts et al. "Physiology of fat replacement and fat reduction: effects of dietary fat and fat substitutes on energy regulation," 56 Nutrition Reviews S29-41 (1998).

7. Personal communication from Troiano RP. *Am J Clin Nutr* (forthcoming).

8. Harnack L, *et al.* "Soft Drink Consumption Among U.S. Children and Adolescents: Nutritional Consequences." *J Am Diet Asso.* 1999;99:436-41.

9. Daly ME, *et al.* "Dietary Carbohydrates and Insulin Sensitivity: A Review of the Evidence and Clinical Implications." *Am J Clin Nutr.* 1997;66:1072-85. Hollenbeck CB. "Dietary Fructose Effects on Lipoprotein Metabolism and Risk for Coronary Artery Disease." *Am J Clin Nutr.* 1993; 99:800S-809S; Frayn KN, *et al.* "Dietary Sugars and Lipid Metabolism in Humans." *Am J Clin Nutr.* 1995;62:250S-261S.